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823-00

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|------------|--------------|----------------|
| FEE DETERMINATION | <i>Phr</i> | <i>62625</i> | <i>6/14/90</i> |
| O.I.P.E. CLASSIFIER | | <i>49</i> | <i>6/22/90</i> |
| FORMALITY REVIEW | <i>HL</i> | <i>526</i> | <i>8/3/90</i> |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

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|---|----------------------------|---|--------------|
| ✓ | Rejected | N | Non-elected |
| = | Allowed | I | Interference |
| - | (Through numeral) Canceled | A | Appeal |
| + | Restricted | O | Objected |

| Claim | Date |
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Best Available Copy

If more than 150 claims or 10 actions
staple additional sheet here

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